

institution of penal establishments for the reform of drunkards, but simply from the improved habits and higher aspirations of the people. The sources of pleasure and enjoyment have been extended; comfort has been increased; and far more attention is given to sanitary arrangements and to mental cultivation. The consequence has been a decided improvement in the intellectual and moral condition of the upper classes. But among the great mass of the people there has been but little improvement. 'The sons of toil,' exhausted by labour, and the unhealthy conditions in which their lives are spent, are mostly incapable of finding pleasure, except in the gross enjoyments of the public-house, from which philanthropists have endeavoured to wean them by the establishment of mechanics' institutes, working men's clubs, and other well-meant schemes. But these schemes have, as a rule, proved failures, from possessing no attractions to men of rude mould; and they will undoubtedly continue to prove failures until the principle is recognized and acted on, of qualifying every man by education and training to be the intelligent guardian of his own health, and the intelligent cultivator of his own moral and intellectual powers."

Such are some of the salient points of these Reports. They show much careful supervision, and a dispassionate reader will hardly find in them any ground for echoing the newspaper outcry which has been raised in some quarters against the powers that be.

The Medical Jurisprudence of Insanity. By J. H. BALFOUR BROWNE, Esq., Barrister-at-Law. London: Churchills, 1871.

There is one sentence in this book which strikes us as being, perhaps, the truest in it. "Sometimes, in shabby genteel families, a coat which was once worn by the father is adapted to the eldest son, and from him it passes to a younger brother. So it often is in books; and some recent writers upon the medical jurisprudence of insanity have been much indebted to their predecessors." We do not know who the writers are to whom Mr. Browne alludes, but we know that in this respect he is a sinner above all others with whom we are acquainted. We anticipated from the title of the work that

some new light would be thrown upon a well-worn subject by the labours of a lawyer; that he would, out of the stores of legal knowledge, enlighten not only his own brethren, but ours of the medical profession. And yet, when we read the book, we find it to be a mere compilation, confused and bewildering, from works not by lawyers, but by doctors, with a kind of running commentary by Mr. Browne, written in the style now generally known as "sensational."

To go through it chapter by chapter is not our intention. Although it purports to be a scientific work by a professional man, a work so rigid in legal phraseology that he cannot speak of Baron Alderson or Mr. Justice Tracy, but calls them Alderson, Baron, and Tracy, J., yet this is the way in which he commences his task of "explaining, and, therefore, reconciling the differences which too frequently arise between lawyers and medical men." "Many men have a pleasant way of taking difficulties to bed with them; they sometimes awaken in the morning to find the difficulty gone, and, in its place, a precipitate of wisdom. Their circumstances have creamed—their course is clear! Other men allow a difficulty to go to sleep, hoping that time will remove it. There is a Fabian policy with regard to mental matters. If a man has doubts, and cannot clip their wings, and confine them to the yard of his life, some folks would say of him that he is happy; others would say he is a fool. The latter class is composed of those who, when they come to a question they cannot answer, dismiss the subject by thinking it is one of those things that it is not meant that man should understand. A very easy way through life those people find for themselves, for questions are thorns. Such a creed is the panacea for contumely. To look upon humanity as a line drilled by fate or Deity, and yourself as the pivot man, to stand fast, or mark time, and be certain that, notwithstanding the seeming progress of the men at the other end, you will be found as far forward as they in the end, is a pleasant creed. Are not creeds cradles? and do they not rock us to sleep—sleep with dreams? But in questions which have to do with the relation of man to man, there is an urgency which will not allow of our placing them on the shelf to ripen, as we do apples. We must get at a sort of truth now. There is a corn under the tight leather, and, in order to get rid of the pain, even though anon we have to put a patch on, we must cut the shoe." And so on. Perhaps there are some who like this kind of thing, with its tropes and metaphors. If it were only a matter of taste, we would leave

it to each man to admire or not; but for the life of us we cannot understand the half of what the writer means, so wonderfully does he wrap up his meaning, if he has one, in this "tall" writing. Now the book is entitled the "Medical Jurisprudence of Insanity," and this being so, we presume that it is intended chiefly for the medical profession. But we seek in vain for any qualifications possessed by the author, which enable him to teach medical men something they did not know before. Nearly everything in the book may be read in other books written by doctors, with the exception of here and there a passage in which Mr. Browne favours us with his own opinion on some point, or some case, in language so foggy as to make confusion worse confounded. And yet, though he borrows so freely from medical works, and bases his book entirely on one, he belabours the medical profession in the roundest terms, and holds up to scorn its "utter incompetence."

The author has taken as his model and guide the well-known work of Dr. Isaac Ray, and has followed this so closely that his own book might almost be called a new edition of Ray, brought up, by means of a few modern cases, to the present time. To prove that we do not make this assertion without cause, we will give the Tables of Contents of the two works:—

RAY.	BROWNE.
CHAPTER I. Mental Disease in General.	CHAPTER I. Lunacy and Limited Responsibility.
CHAPTER II. Idiocy.	CHAPTER II. On the Causes of Insanity.
CHAPTER III. Imbecility.	CHAPTER III. Of Unsoundness of Mind.
CHAPTER IV. Legal Consequences of Mental Deficiency.	CHAPTER IV. Amentia and its Legal Relations.
CHAPTER V. Pathology and Symptoms of Mania.	CHAPTER V. On the Pathology and Symptoms of Mania.
CHAPTER VI. Intellectual Mania.	CHAPTER VI. On Intellectual Mania.
SECT. I.—General Intellectual Mania.	CHAPTER VII. On Moral Mania.
SECT. II.—Partial Intellectual Mania.	CHAPTER VIII. On Partial Moral Mania.
CHAPTER VII. Moral Mania.	CHAPTER IX. The Legal Relations of Mania.
SECT. I.—General Moral Mania.	CHAPTER X. On the Legal Relations of Moral Mania.
SECT. II.—Partial Moral Mania.	CHAPTER XI. Dementia and its Legal Relations.
CHAPTER VIII. Legal Consequences of Mania.	CHAPTER XII. Epilepsy and its Legal Relations.
SECT. I.—Legal Consequences of Intellectual Mania.	
SECT. II.—Legal Consequences of Moral Mania.	

CHAPTER IX.	CHAPTER XIII.
Dementia.	Somnambulism and its Legal Relations.
CHAPTER X.	CHAPTER XIV.
Legal Consequences of Dementia.	Drunkenness and its Legal Relations.
CHAPTER XI.	CHAPTER XV.
Febrile Delirium.	On Aphasia and its Legal Relations.
CHAPTER XII.	CHAPTER XVI.
Legal Consequences of Delirium.	On Acute Delirious Mania.
CHAPTER XIII.	CHAPTER XVII.
Duration and Curability of Madness.	On the Legal Relations of Maniacal Delirium.
CHAPTER XIV.	CHAPTER XVIII.
Lucid Intervals.	Feigned Insanity.
CHAPTER XV.	CHAPTER XIX.
Simulated Insanity.	On Concealed Insanity.
CHAPTER XVI.	CHAPTER XX.
Concealed Insanity.	On Lucid Intervals.
CHAPTER XVII.	CHAPTER XXI.
Suicide.	The Admissibility of the Evidence of the Insane.
CHAPTER XVIII.	CHAPTER XXII.
Legal Consequences of Suicide.	On the Prognosis of Insanity.
CHAPTER XIX.	CHAPTER XXIII.
Somnambulism.	On the Examination of Persons supposed to be of Unsound Mind.
CHAPTER XX.	
Legal Consequences of Somnambulism.	
CHAPTER XXI.	
Simulated Somnambulism.	
CHAPTER XXII.	
Effects of Insanity on Evidence.	
CHAPTER XXIII.	
Drunkenness.	
CHAPTER XXIV.	
Legal Consequences of Drunkenness.	
CHAPTER XXV.	
Interdiction.	

If any one will examine these two tables, he will see that they correspond most closely; while some of the divisions, as Intellectual Mania, General and Partial, and Partial and General Moral Mania, are quite peculiar to Dr. Ray, and, so far as we are aware, have been adopted by no other author; yet Mr. Browne gives them as his own, without the least acknowledgment. In the third chapter—"Of Unsoundness of Mind"—he discusses the classification of insanity, and gives two examples of classification, one his own, which he says "is somewhat the same, in its main features, as that adopted by Esquirol," the other that of Dr. Batty Tuke, whose name is not mentioned, but which has, he says, found some favour in the eyes of the medical profession. We are not aware that the medical profession has anywhere expressed its approval of Dr. Tuke's classification, but it has warmly approved of Dr. Skae's, of which Dr. Tuke's is a modification. But to return to Mr. Browne's, which is, he says, the same as that of Esquirol. We always thought that Esquirol's

divisions were Melancholia, Monomania, Mania, Dementia, and Imbecility. We can, however, find a classification much more nearly resembling his than does that of Esquirol. We turn again to Ray's, which is as follows:—

INSANITY.	{ Defective development of the faculties	{ Idiocy	{	1. Resulting from congenital defect.	
		{ Imbecility		2. Resulting from an obstacle to the development of the faculties supervening in infancy.	
{ Lesion of the faculties subsequent to their development	{ Mania	{ Dementia	{	1. Resulting from congenital defect.	
				2. Resulting from an obstacle to the development of the faculties supervening in infancy.	
				Intellectual	{ 1. General.
				Affective	{ 2. Partial.
{	{	{	{	1. Consecutive to mania, or injuries of the brain.	
				2. Senile, peculiar to old age.	

Now compare with this Mr. Browne's, which he says is so like that of Esquirol:—

UN SOUNDNESS OF MIND.	{ From defective development or diminished activity or inertness of the faculties	{ Congenital or occurring in childhood	} Amentia	{	1. Idiocy	} a General.
		{ Occurring in after life, when the faculties have arrived at a normal state of development			2. Imbecility	
{ From undue excitement or activity of the faculties	{	{	} Dementia	{	1. Consequent on mania, mental shock, or injuries to the brain.	} c Moral.
					2. Senile.	
					1. General.	
{	{	{	} Mania	{	2. Intellectual	} a General.
					3. Moral	

Amentia is divided by Mr. Browne into idiocy and imbecility. If we compare the fourth chapter on amentia and its legal relations with Ray's three chapters on idiocy, imbecility, and the legal consequences of mental deficiency, we shall see how closely they correspond. When Dr. Ray's work was written, two of the chief continental authorities were the German work of Hoffbauer and the French of Georget, and these are quoted by him largely. When Mr. Browne treats of imbecility, he quotes Hoffbauer and Georget, and quotes them as if he had read their opinions in the original treatises, of which he gives the foreign names.

As examples of imbecility, Dr. Ray gives several celebrated cases of the day; one, that of Miss Bagster; the other, that of the Earl of Portsmouth. Accordingly, we find Miss Bagster and the Earl of Portsmouth quoted by Mr. Browne. Ray

also refers his readers to the case of *Ingram v. Wyatt*, though he does not give it. Mr. Browne quotes this in addition to the others, and with the exception of the case of Mr. Windham, and that of a murderer named Carr, he adds scarcely anything to the information we already possess in the pages of Ray. Another case which he quotes, that of Edward Davies, is also given by Ray, though in another place. Yet in the whole of this chapter Ray's name is not mentioned. When Georget is elsewhere quoted, the translation is word for word that of Ray, the passages ending and beginning in the same place.

Mr. Browne is a barrister, and we would thankfully receive from him some information from his special standpoint; but why should he teach such matters as the pathology and symptoms of mania, or the prognosis of insanity, or the causes of insanity? We are quite certain that he has neither knowledge nor experience calculated to enable him to inform our profession on these points. The result is that he goes right and left to the works of medical men, and makes absurd mistakes in compiling from them. Let us take an example. "Dementia," he tells us, "is either acute or chronic. The first of these is generally the more curable form of this disease, but it may pass into acute mania. *It is presumably caused by softening, or other chronic disease of brain.*" If Mr. Browne had only requested some physician to revise his book, such a statement could not have escaped notice. His descriptions of insanity in the same way indicate that he is not familiar with the subject on which he is writing, but has "got it up." Like his prototype Ray, and like many others of that day, he uses the word *mania* as synonymous with *insanity*; intellectual *mania*, moral *mania*, and so forth. But when he describes mania, he describes the noisy excitation which usually is so called, and leaves out altogether all description of melancholia. Thus he says, in chapter v., "The individual loses all sense of propriety and decency, becomes mischievous in an extreme degree, wet and dirty in habits, abusive in language;" and then, "Some general description was necessary before classifying the species of mania according to their mental symptoms." These species being intellectual and moral mania, general or partial, a reader who knew nothing about the subject might infer from this chapter that all patients, whether intellectual or moral maniacs, were wet, dirty, abusive, and mischievous.

The same unpractical character marks the author's remarks

on the legal relations of insanity. There is not the ring of experience in what he suggests. Lawyer-like he holds to the *dicta* of the judges as regards the responsibility of the insane. We suppose that he is bound to do so, but all this we have heard and read before *usque ad nauseam*. "With regard to partial intellectual mania," *i.e.*, monomania, "it seems to us reasonable that the insanity which does exist should relieve from responsibility only in case the act, which would otherwise bring the individual within the criminal law, is connected with the erroneous impressions which are traceable to disease." Now, what we wish to ask Mr. Browne, and all lawyers, is, first, how can anybody, psychologist or not, determine beyond all doubt that no connexion exists in the insane mind between an insane idea and a given act; secondly, who is to decide that no such connexion exists. Is the judge to do so, who may perchance never have spoken to a lunatic in his life; or is it to be determined by a British common jury? Are counsel to agree upon the point, or is it to rest upon the opinion of the local medical man? At present, as Mr. Browne knows, and virtually admits, it is a mere toss-up whether justice is done or not. With regard to moral insanity and partial moral mania, he admits with Ray that this exists, but here also some one is to determine *how far* the patient is responsible. "With regard to the civil ability of men labouring under any form of partial moral insanity, we would, as in the case of monomania, assert that they should be allowed to exercise all their civil privileges which they are not clearly incapable of exercising without hurt to themselves or others; and they ought at the same time to be deprived of the exercise of every civil right which they are incapable of performing without injuring the interests of others, or doing harm to themselves. Thus, it would have been ridiculous to deprive the gentleman we have mentioned, who was in the habit of stealing towels, of his right to exercise the franchise, to represent his county in parliament, or to manage his own estate. On the other hand, any one who, like the woman mentioned in the earlier part of this work, had an irresistible desire to throw her children in the fire, would be ineligible for the place of a nurse, and no contract entered into with her for such services would be binding upon the contractor. Still she ought—under due precautions—to be allowed to perform other duties of which she was clearly deemed capable; and as boys get certificates from their school or other masters, to say of what they are capable, so might

those persons have certificates from reliable medical gentlemen with reference to their capability of certain works, and their faithful performance of certain duties." Would Mr. Browne like to take the said woman as a cook on the certificate of a "reliable medical gentleman?"

Similarly in speaking of epileptics, and this chapter is one of the best, for he has had recourse to valuable authorities, he says that the individual ought to be held irresponsible when it can be proved that he is in a mental condition which renders him "incapable of judging fairly of motives;" but how this is to be decided, or who is to decide it, we are not told.

There is a chapter on aphasia, where we need not say Ray is of no avail. It is contained in three pages, and does not materially assist us in dealing with the mental state of the aphasic. Mr. Browne entirely omits to mention that with the aphasia there is generally right hemiplegia, and yet this is important, because patients who suffer from an inability to express themselves in words are often equally unable to indicate their thoughts in writing. Mr. Browne thinks that an interpreter ought to be had recourse to in these cases, as is done where a foreigner is giving evidence in a court; but it never seems to have struck him that when there is a dispute concerning the mental state of an aphasic patient, the persons most able to interpret, whether nurses or relatives, are certain to have an interest in the matter, and could not possibly be sworn like the interpreters of courts of law.

Mr. Browne has a chapter on acute delirious mania, a disorder very familiar to our readers, but not, we suspect, to Mr. Browne. Dr. Ray has a chapter on febrile delirium, which we think Mr. Browne has studied under the impression that the two terms indicate one and the same thing. Mr. Browne says, "with regard to the symptoms of this disease, when it does give warning of its approach, it does so by means of flushing of the face, pain and throbbing in the head, and heat of the scalp. After the mental symptoms mentioned above have shown themselves, while the patient is labouring under the incoherence described, and is unable to be aroused to any attentive effort, the eyes are generally open, dry, and bloodshot, and 'staring so blindly.'" Ray, talking of the delirium of acute diseases, says, "Delirium sometimes occurs suddenly, but generally comes on gradually, and is preceded by premonitory symptoms, such as pain and throbbing in the head, heat of the scalp, and flushing of the cheeks. . . . The eyes are open, dry, and bloodshot, and

intently gazing into vacancy." Mr. Browne treats of the legal relations of this disease, and commences with these words: "In relation to delirium there can be no question as to the existence of lucid intervals." He then quotes a dictum of Sir John Nicholl, taken from Ray without acknowledgment, and two cases, both taken out of Ray, in one of which the testator died of pneumonia; in the other the disease was an acute disease, and we read that "for two or three days before her death she was at frequent intervals delirious." What such cases have to do with acute delirious mania, we are at a loss to perceive. Space prevents our saying more, or showing his obligations to other authors. We think enough has been shown to prove that this work is not worthy of being looked upon as an authority on the subject with which it deals. It bears the marks of haste and inaccuracy; misprints abound, and other mistakes to which it is not worth while to advert. We are still in want of a good book, and an old one refurbished will not answer the purpose.

PART III.—PSYCHOLOGICAL RETROSPECT.

1. *Insanity and Hospitals for the Insane in Ireland.**

"General Rules and Regulations for the Management of District Lunatic Asylums in Ireland."

The above is the official title of a revised code of rules issued on the 18th day of August, 1870, under the authority of the Lord Lieutenant and Privy Council of Ireland.

The number of the rules is one hundred and ten. One to ten have reference to the Board of Governors, their powers and duties; stated meetings, three being a quorum, are to be held monthly, and special ones upon a requisition to the Resident Medical Superintendent, signed by two or more Governors, or one of the Inspectors. Rule nine in this category is an important one, and requires that no increased expenditure, alterations in the staff or management, or alterations in the salary of officers, the sub-division of old or creation of new offices, or

* The Editors are indebted for this Report on *Insanity in Ireland* to an esteemed correspondent.